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NOTICES AND REPORTS

C.P.S.-Veterans' Administration Contract Begins To Operate More Smoothly

Operation of the Veterans' Administration Home Town Care Plan, using the facilities of California Physicians' Service, now appears to have reached a smoother working basis following a period of initial administrative difficulties such as those which attend the establishment of any new system of such large proportions.

The program bogged down from time to time in the morass of governmental controls which, though apparently necessary, were irritating to the attending physician and to the veteran patient himself. These irritations at service level have been a matter of concern to the administrative officers of both the Veterans' Administration and California Physicians' Service. This concern has led to the development of swifter accounting procedures. For example, at times in the past the whole C.P.S.-Veterans' Department has operated under a 30 to 90 day backlog. At present all sections are operating on a nearly current basis. Work received in any one section of the C.P.S.-V.A. department is disposed of within 24 hours. Further, the issuance of Form No. 52, or Authority for Treatment on a new case, formerly took from ten days to two weeks. Today these forms are being processed in five days.

Although even the slightest time lag between the first call of a patient and the actual beginning of diagnosis or treatment is unusual in medical practice, with understanding on the part of both physician and veteran of the necessity for accountability, it need be no serious obstacle to successful treatment. Despite the constant and intensive effort to speed up the program, it is obvious that, if books are to be kept on the public funds involved, the time lag can approach, but never reach, the zero point.

The most frequent complaints of physicians participating in the program are in regard to delayed payments. Some of these complaints have been justified, particularly during the early stages of the program's operation. Today there appears to be little cause for complaint. C.P.S. is billing the Veterans' Administra-

tion for services rendered by member physicians within the month of service, provided the physicians' bills are complete.

A large number of physicians' bills, however, indicate errors of omission which make it impossible to process the bills for payment. A surprising number come through lacking the signature of the attending physician. The stand may be taken that the billing forms are too complex, but when a physician submits a bill lacking the date of first treatment, there is reason to suspect that carelessness is the fault, and not the complexity of the billing form. In any case, the Veterans' Administration insists that the forms be completed. Failure to do so results in delayed payments while clarifying correspondence is exchanged. A great deal of the irritation over delayed payments would be eliminated if greater care were given the preparation of the billing form.

In review, all of the procedural difficulties encountered in the program appear to be relatively minor when compared with the solid achievement it represents. Few physicians who have been interviewed recognize the tremendous significance the program will have in future relationships between the medical profession and the government. For what was undertaken as a hopeful experiment is now a demonstrable fact, a free and independent medical profession has demonstrated its ability to work with a governmental agency in providing services for a mass of the citizenry. And it has provided those services smoothly, almost casually, at a cost comparable to the best figures attained by the Veterans' Administration through its own medical facilities. Cost figures alone, however, do not tell the whole story. The savings to the Nation and to the veteran himself far exceed in significance the actual costs of services rendered under the program.

If the physicians of California had not been prepared to render services to the veteran in his own home town, the Veterans' Administration would have been obliged to expand its facilities enormously to

accommodate the demands put upon them. And this at a time of inflation. The costs of such an expansion program have been saved for the taxpayers of the Nation, and not by a curtailment of service, but by the use of a better method of providing such service. There is no reason why that method should not be the pattern for a broader relationship between the profession and the government in their mutual endeavor to provide the best medical care for our people.

The people, if we may judge by the veteran, *like* the method. It is convenient. It does not require leaving a job for a trip to a Veterans' Administration Hospital; it saves time and wages. It makes it possible to go to the physician of choice. These things register. They are important to the patients and to the physician's future among them. The fusing of a personal relationship begun by the first visit of a veteran to a physician's office is a more solid political gain than the achievement of a hundred lobbyists in the Halls of Congress. Grass roots are vital and tenacious. They live from season to season. They go deep and hang on. The Veterans' Program has not only been successful, it has been profitable as well to private practitioners. Since its inception it has given C.P.S. physician members directly more than \$3,500,000 of income they would not otherwise have had. The vast majority of the veterans who have been treated privately would have gone to the various Veterans' Administration Hospitals. Moreover, it is probable that veterans who for any reason did seek private treatment would have had relatively meagre resources to support adequate treatment. Indirectly private practitioners have benefited even more. They have added to their practice not only the veteran but his family. They have established themselves more solidly in their communities. They have built future income. Politically, they have added supporters to their cause.

These opportunities for economic and political progress should carry a good deal of weight in physicians' evaluation of the Veterans' Administration Home Town Care Program.

In obtaining the Veterans' contract and in discharging its commitments, C.P.S. has reached full stature. Those with vision will recognize it for what it is, a democratic service agency with national significance and influence.

Notice to C.P.S. Physician Members

California Physicians' Service has asked Physician Members to make certain that bills for services rendered to Beneficiary Members are sent promptly to C.P.S. for payment. Doctors are asked not to wait until the end of a course of treatment, but to submit bills monthly. Because unreported bills constitute concealed liabilities which affect the financial position of the organization, C.P.S. again is reminding physicians that bills which are received later than 90 days after the end of the month in which services were rendered cannot be accepted for payment.

Traveling Seminars on New Medical Developments

Proposing to extend the latest developments in medical knowledge to practitioners outside of the larger metropolitan centers, the Committee on Postgraduate Activities of the California Medical Association is laying plans for a series of seminars to be held in towns throughout the state. The first meetings are scheduled for early in 1948.

In selection of topics for discussion, emphasis will be put upon practical subjects of every-day medical import. Use of clinical discussions rather than didactic lectures will be stressed. A day's program, as tentatively outlined, would be: Morning clinics, perhaps in the local hospital, an afternoon discussion on a specified topic, and an evening question and answer period on that or allied subjects.

Topics for each seminar will be announced in advance by the Committee, which will also arrange for authoritative speakers to discuss them.

Details concerning the seminars will be in the hands of Doctor Carroll B. Andrews, of Sonoma, who has been named Director of Postgraduate Activities. Doctor Andrews, who has taken the post on a part-time basis, will work with county medical societies in preparing for the meetings. Among his duties will be the arrangement of advance publicity to inform physicians in each area of the topics to be discussed. He will arrive a day or two before the meeting date to help local practitioners in lining up problem cases and in preparing questions to be submitted for discussion. He will also seek to elicit topics desired for future meetings.

Present plans are to make the seminars a continuing function of the Committee on Postgraduate Activities, with meetings to be held on new subjects in each community from time to time.

Attention, County Society Secretaries:

Secretaries of County Medical Societies are requested to report to California Medical Association the names and addresses of County Society officers as soon as possible after elections for the next year are held. To facilitate correspondence, it is important that the roster of officers printed in CALIFORNIA MEDICINE be kept up to date.